

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005689

FILED
Feb 15, 2011
Secretary of State

Entity Name: SHENTEL CONVERGED SERVICES, INC.

Current Principal Place of Business:

500 SHENTEL WAY
EDINBURG, VA 22824

New Principal Place of Business:

Current Mailing Address:

PO BOX 459
EDINBURG, VA 22824

New Mailing Address:

FEI Number: 20-1934506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FRENCH, CHRISTOPHER E
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: DEVP
Name: MACKENZIE, EARLE A
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VPT
Name: SKOLITS, ADELE M
Address: P.O. BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: DVPS
Name: FLOWERS, ANN E
Address: P.O. BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VP
Name: FERGUSON, DAVID E
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

Title: VP
Name: PIRTLE, WILLIAM L
Address: PO BOX 459
City-St-Zip: EDINBURG, VA 22824

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN FLOWERS

DVPS

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date